Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it djsplays a valid QMB control number.

	PATENT	Applituation or Decker Mumber							
	CI	CLAIMS AS FILED - PART I (Column 1) (Column 2)				OR	OTHER THAN SMALL ENTITY		
	FOR	FOR NUMBER FILED NUMBER E		TRA	RATE FEE I		RATE , FEE		
	BASIC FEE (37 CFR 1.16(a))	CFR 1.16(a))			/ \ s/	OR	5/		
	TOTAL CLAIMS (37 CFR 1.16(c))	FR 1.16(c)) minus 20 = •			x s=	OR	x \$=		
ļ	INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =			x s=	OR	x \$=		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$=	OR	+ \$=		
	* If the difference in column	n 1 is less than zero, enter "	0" in column 2.		TOTAL	OR	TOTAL		
	CLAIM	ART II							
			<u> </u>	lumn 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY		
	<b>⋖ </b>   RE	EMAINING   I	REVIOUSLY E	ESENT XTRA	RATE ADDI- TIONAL		RATE ADDI- TIONAL		
	Total * (37 CFR 1.18(e))	ENDMENT F	PAID FOR =	<del>-/</del>	FEE	4	FEE /		
	(37 CFR 1.16(e))  Z Independent * (37 CFR 1.16(b))	Minus ***	2	+	x s=	OR	X \$= X \$ =		
	≱	OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16	(d)	+s =	OR OR			
ł					TOTAL ADD'L FEE	OR	+ \$		
	10.M·OH (c)	olumn 1)	(Column 2) (Co	lumn 3)	ADDEFEE	]	ADDEFEE		
	.Ω RE	EMAINING	HIGHEST NUMBER PRI	ESENT	RATE ADDI-		RATE ADDI-		
			REVIOUSLY E	XTRA /	TIONAL FEE		1 TIONAL FEE		
	(37 CFR 1.16(c))  Z Independent *	Minus ***	$\sim$	$\mathcal{A}$	× s	OR	x s		
	≥	Minus		4	x \$=	OR	x s=		
	▼ FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16	(d))	+s_C =	OR	+ \$ = / TOTAL		
	2410=				ADD'L FEE	OR	ADD'L FEE		
Ч		<del></del>	(Column 2) (Co	lumn 3)	<u> </u>	1			
		AFTER PF		ESENT XTRA	RATE ADDI- TIONAL FEE		RATE . ADDI- TIONAL FEE		
	Z	Minus **		<del>/</del>	x \$=	OR	x \$= /		
	Z Independent (37 CFR 1.16(b))	Minus "	(3)	/	x \$=	OR	x s=/		
	FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16	(d))	+ \$=	OR	+ \$=		
1	•	<del></del>	<del>.,</del>		TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
	** If the "Highest Numb	n 1 is less than the entry in o per Previously Paid For" IN	THIS SPACE is less	s than 20, en		-	<del> </del>		
-		er Previously Paid For" IN 1 r Previously Paid For" (Tota			er "3". number found in the appropri	ate box in c	column 1.		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

09/96NM96

PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effective October 1, 2000 15/79 6												
CLAIMS AS	S FILED - PART (Column 1)	SMALL ENTITY TYPE		OR	OTHER THAN							
TOTAL CLAIMS	9		RATE	FEE	1	RATE	FEE					
FOR	NUMBER FILED	NUMBER EXTRA	BASIC F	EE 355.00	OR	BASIC FEE	710.00					
TOTAL CHARGEABLE CLAIMS	() minus 20=	•	X\$ 9=		OR	X\$18=						
INDEPENDENT CLAIMS	minus 3 =	•	X40=		OR	Voo	-					
MULTIPLE DEPENDENT CLAIM PI	RESENT		+135=			+270=	·					
* If th difference in column 1 is	less than zero, enter	TÔTA		OR OR	TOTAL	710.						
). 20 h  CLAIMS AS A	MENDED - PAR	IOIA		Ιοώ	OTHER							
(Column 1)	(Colur High		SMAL	L ENTITY	OR	SMALL						
REMAINING AFTER AMENDMENT  Total  Total  Total  Total  Total	NUM PREVIO PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Total •	Minus Q	0 =	X\$ 9=	. /	OR	X\$18=						
Tindependent: •	Minus ***	=	X40=		OR	X80= /						
FIRST PRESENTATION OF MI	ULTIPLE DEPENDENT	+135=	2.2 // Sp.	OR	+270=	·						
			TOTA		OR	TOTAL ADDIT, FEE						
Column 1)	(Colu	mn 2) (Column 3)	ADDIT, T	<del> </del>	•	ADDII. 1 CC						
CLAIMS REMAINING AFTER AMENOMENT  Total  Independent  Total	HIGH NUM PREVIO PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
Total • X	Minus	0 =	X\$ 9=	. /	OR	X\$18=						
Independent • FIRST PRESENTATION OF MI	Minus ***	CI AIM	X40=	. /.	ÖŔ	~-X80=						
prinot incontration of m	DETITION CONTRACTOR	/	+135=	:	OR	+270=						
BEST AVAILAUL ADDIT, FEE OR ADDIT, FEE												
(Column 1)	(Colu											
CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Total	HIGH NUM PREVI PAID	BER PRESENT OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL /FEE					
Total •	Minus 2	<u> </u>	X\$ 9=		ÖŘ	X\$18=	1					
Independent • )	Minus ••• >	2 =	X40=	1 /	OR	X80=						
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT	F-CLAIM [	+135=	/	ĺ	+270=						
* If the ntry in column 1 is less than t	he entry in column 2, write	e "O" in column 3.	TOY		OR	TOTAL						
""If the "Highest Number Previously P	"If the "Highest Number Previously Paid F r" IN THIS SPACE is I so than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid F or (Total r Independent) is the highest number tound in the appropriate box in column 1.											